



2841

PATENT  
7485/62690  
S.N. 09/641,793

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Noel E. Zeller  
Serial No. : 09/641,793  
Filed : August 18, 2000  
For : Travel Alarm  
Group : 2841  
Examiner : Jeanne M. Goodwin

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TECHNOLOGY CENTER 2800

February 6, 2003  
1185 Avenue of the Americas  
New York, New York 10036  
(212) 278-0400

Assistant Commissioner for Patents  
Box Non-Fee Amendment  
Washington, D.C. 20231

S I R:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

\_\_\_\_\_ a verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE FEE			
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	7	-	* 20	=	*** 0	x	9	18	= \$0	\$
Independent Claims	1	-	** 3	=	*** 0	x	42	84	= \$0	\$
Multiple Dependent Claims Presented _____ Yes _____X_____ No							140	280	= \$0	\$
For First Time:							TOTAL ADDITIONAL FEE		\$0	\$

Amendment Transmittal Letter  
Page 2

- \*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.  
\*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.  
\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

"The HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

\_\_\_\_\_ A check in the amount of \$\_\_\_\_\_ is enclosed herewith.

\_\_\_\_\_ Please charge Deposit Account No. 03-3125 in the amount of \$\_\_\_\_. Three copies of this sheet are enclosed.

\_\_\_\_\_ Applicant hereby petitions for a \_\_\_\_ month extension. Our check in the amount of \_\_\_\_ is enclosed.

  X   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125.

  X   Any additional fees under 37 C.F.R. §1.16 for the presentation of extra claims.

  X   Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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